

APPLICATION FOR A PERMIT / AUTHORIZATION TO OPERATE

Submit to: Shelby County Health Department
2000 County Services Drive Pelham, AL 35124

Date: _____

****PLEASE PRINT****

Legal Name of Establishment: _____

Street Address: _____ Establishment Phone: _____

City/Town: _____ Zip Code: _____

Business Structure: Corporation, Limited Liability Corporation, Partnership, Nonprofit Corporation, Municipality, State, County, Other
 Individual/Sole Proprietor - Include total number of employees NOT including yourself: _____
(check one)

Legal Name of Business Owner: _____

Mailing Address: _____

City: _____ State: **AL** Zip: _____ Alternate/Cell Phone: _____

Manager's Name _____ **Food Service Establishment**
Maximum Seating Capacity: _____

Smoking Preference: Smoking, Non Smoking, Designated Smoking
(circle one) **Food Processing Establishment**

Grease Disposal Company: _____ **Mobile Food Unit**
Commissary Name: _____

Water Supply: Public Water System **Hotel / Motel**
(check one) Private Well Number Rental Units: _____
Swimming Pool or Spa: Yes No

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____
Title _____

Check # _____ Cash _____

FOR OFFICIAL USE ONLY		Nature of Business: _____	Permit / Authorization Number Issued: _____
<input type="checkbox"/> Limited Retail <input type="checkbox"/> Limited Food <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Service <input type="checkbox"/> Food Processor : PHF <input type="checkbox"/> Food Processor : Non-PHF <input type="checkbox"/> Private School Lunchroom <input type="checkbox"/> Public School Lunchroom <input type="checkbox"/> Mobile Food Service <input type="checkbox"/> Catering <input type="checkbox"/> Daycare Food Service <input type="checkbox"/> Nursing Home Food Service <input type="checkbox"/> Summer Feeding Program		Food Category: _____ LODGING - Nature of Business <input type="checkbox"/> Jail / Prison <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Camp	Issue Date: _____ Expiration Date: _____ Fee Code: _____ Fee Amount: \$ _____ Late Fee: \$ _____ Total Paid: \$ _____ Receipt Number: _____ Client Number: _____ 0
Sewage Disposal Approved? _____ <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Sewer - Sewer Permit # _____			
Inspector _____	Application Approved By: _____		Date Approved _____